

CLAIMS ONLY							Application Number <div style="font-size: 1.2em; font-family: cursive;">10/302706</div>	Filing Date				
							Applicant(s)					
							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT							
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1												
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50												
Total Indep												
Total Depend												
Total Claims												

Application Number
101802706

Filing Date

Appendix (B)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
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34		I		I		
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Total Indep	1		1			
Total Depend	5		5			
Total Claims	6		6			

May be used for additional claims or amendments

	Indep	Depend	Indep	Depend	Indep	Depend
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100						
Total Indep						
Total Depend						
Total Claims						